

MyHSA CONTRIBUTION AUTHORIZATION FORM



(PLEASE PRINT)

Instructions – **This form is used to send contributions to your MyHSA account. Contributions can be sent either by mailing a check along with this form or by completing the banking information below for an ACH pull.**

(Funds must be received prior to April 15th to qualify as a previous year contribution)

If you do not enter a contribution year below, your contribution will be processed in the year that we receive your form.

ACCOUNT HOLDER INFORMATION		
Name: (First):	(MI):	(Last):
Social Security Number:	Daytime Phone Number:	
Mailing Address:		
City:	State:	Zip:
Email Address:		

Contribution

Contribution is for calendar year ending: _____ Contribution amount: _____

If no calendar year ending year is entered above or if this form is received after the tax year deadline your contribution will be applied to the current tax year.

This contribution is via (check one):

Check by mail

Please make check payable to *Charles Schwab Bank*
On the check write "FBO #201892"
Mail (with form) to the address below

ACH Pull Initiated by Alliance Benefit Group of Illinois (complete the banking information below)

****You must attach a copy of a voided check****

Name of Financial Institution

Routing and Transit Number (9 Digits)

(Authorization applies to checking accounts only)

Account Number

I hereby authorize Alliance Benefit Group (ABG) to initiate and adjust a ONE TIME electronic transaction from the bank account named above to my ABG MyHSA account. These transactions are made through regional automated clearing house (ACH) associations and are subject to the operating rules and regulations of the National Automated Clearinghouse Association (NACHA).

All MyHSA account holders are responsible for assuring there are sufficient funds available in their account at the time of withdrawal. Where applicable, returned checks and ACH returns will incur additional fees. I certify that I am the owner of the account named above and that I have the legal right to provide this authorization.

MyHSA Account Holder Signature: _____ Date: _____

MAIL OR FAX A COPY OF THIS FORM TO:

ALLIANCE BENEFIT GROUP OF ILLINOIS
MyHSA DEPARTMENT
456 FULTON STREET, SUITE 345
PEORIA, IL 61602
FAX (800) 688-4329

If you have any questions please call 800-57MyHSA (800-576-9472).